

APPLICATION FOR TEMPORARY MILITARY CERTIFICATE (CPA) INSTRUCTIONS

1. Read the qualifications for temporary military certificate (**Minnesota Statutes §197.4552** and **326A.04 Subd. 1a**, and **Minnesota Rule 1105.2540**). Qualified individuals must be: (1) an active duty military member; (2) the spouse of an active duty military member; or (3) a veteran who has left service in the two years preceding the date of license or certification application, and has confirmation of an honorable or general discharge status.
2. Complete your application thoroughly (attach additional pages as necessary).
3. Enclose Evidence of Military Status.
4. Enclose a current criminal background check.
5. Include the \$100 certification fee. Make checks payable to “Minnesota Board of Accountancy.”
6. **Authorization for Interstate Exchange of Examination & Certificate/License Information** Form (page 3) – Complete the “**Requested by**” section of the form and send to **any one of the** state boards in which you are **currently certified or licensed**. You are responsible for any fees that state may require for this service.
7. Mail the **application** (pages **1** and **2**), along with the **documentation** noted in items 3 and 4, and the **fee** to the address above.

It is your responsibility to complete forms and have third parties forward any documents noted in the instructions. All required forms and documents must be received before the Board can consider your application.

If the Board finds that you are eligible for certification:

The Board will issue a temporary certificate and notify you in writing.

Temporary certificates are valid for a maximum of six months.

During the temporary certificate period, you must complete the full application required for certification (“CPA Certificate Application [by Non-Minnesota Exam Candidate]”) and pay the application fee.

It is your responsibility to complete that application and submit all supporting documentation.

Temporary certificates cannot be renewed.

If the Board finds that you are ineligible for certification:

You will be notified in writing.

If you have questions regarding your application, please **call*** the Board office at 651-296-7938.

(*Due to the confidential nature of the application information, we cannot respond to questions via email.)

Data Practices Act Warning

The data you furnish on this form will be used by the Board to process your application for licensure. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to issue your license. Until licensure is granted all application data, except name and designated address, are private data pursuant to Minnesota Statutes section 13.41, subdivision 2 (2016). All data, except social security number email address become public record when licensure is granted pursuant to Minnesota Statutes section 13.41, subdivision 5 (2016).

APPLICATION FOR TEMPORARY MILITARY CERTIFICATE (MN CPA)

Certificate Fee: \$100

Complete **ALL** sections of the application form.
See [instruction](#) page for further required information.

Section 1: General Information

Name _____
(First) (M.I.) (Last) (Suffix)

Former Name _____
(if applicable)

Social Security # _____

Birth Date _____ Gender: Male Female
(MM) (DD) (YYYY)

Home Phone _____

Home Address _____

City _____

State _____ Zip _____

Preferred "mail to":

Home Business

Employer Name _____

Work Phone _____

Work Fax _____

Work Address _____

Work City _____

Work State _____ Work Zip _____

Is your principal place of business in the State of Minnesota? Yes No*

*If no, explain why you need a Minnesota Certificate below:

Section 2: License History

List all states in which you have been issued a CPA certificate and/or license or permit to practice.

Note: You will need to request verification of your licensure (see form [page 3](#)) from just **one** state in which you hold a **current** license/certificate.

State	Certificate/License/Permit #	Date Issued	Currently Active?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Section 3: Affidavit

Have you ever had a CPA certificate, license or permit disciplined, denied, surrendered, suspended or revoked?

Yes* No

Have you ever been convicted of any crime, misdemeanor or any other discreditable act?

Yes* No

* If you answered "yes" to any of the above, provide a statement of explanation on a separate sheet of paper.

I hereby apply for a Temporary Military Certificate as a Certified Public Accountant in the State of Minnesota. I understand that according to Minnesota Statutes and Rules, the act of filing this application shall constitute agreement upon my part to observe the Board's Statutes and Rules.

The statements given in this application are true and correct to the best of my knowledge and belief. I have not suppressed any information which may have bearing upon this application and I know of no reason why my application should not be approved.

Signature

Date

**AUTHORIZATION FOR INTERSTATE EXCHANGE OF
 EXAMINATION AND CERTIFICATION INFORMATION**

Applicant: Please sign and date this form and send it to the state that has your exam scores or in which you have been licensed/certified.

Section A: Applicant Contact Information and Authorization

Name _____ Last 4 _____ Former Name _____
(First) (M.I.) (Last) (Suffix) of SS # xx-xxx- (if applicable)

Address _____ City _____ State _____ Zip _____

I am applying to the Minnesota Board of Accountancy for a Minnesota CPA license. I authorize the Verifying Board to provide any and all pertinent information requested.

Signature _____ Date _____

Verifying Board: Please complete **Sections B and C** and return to the Minnesota Board at the address above.

Section B: Examination Scores

(Please list all grades, including failing grades, recorded for the applicant)

Exam Date	AICPA ID#	Auditing and Attestation (AUD)	Business Environment and Concepts (BEC)	Financial Auditing and Reporting (FAR)	Regulation (REG)

Was the applicant ever denied admission to the exam? No Yes If Yes, explain _____
 Subjects for which candidate has been granted credit: None AUD BEC FAR REG

Section C: Certificate Status

CPA Certificate held by applicant is Original Reciprocal. Certificate # _____ Dated _____

Has the applicant successfully completed an AICPA Ethics Examination? Yes No

Does the applicant hold a CPA license/permit to practice public accounting from your Board and is it in good standing? Yes No

Has the applicant met all of the qualifications for licensure from your Board? Yes No

Please indicate the requirements in your state that must be met for issuance or reinstatement of a license (select all that apply):

- License/Permit not required Pay appropriate fees or post bond Complete acceptable accounting/auditing experience
 Complete CPE requirements Other (please specify) _____

Has your Board ever suspended or revoked the applicant's certificate, permit or license to practice? Yes No

Has the applicant ever been censured or reprimanded by your Board? Yes No

The information provided herein is correct to the best of our knowledge.

Name of State Board: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

